

Churchland Volunteer Fire Department Application

Date: _____ SSN: _____ - _____ - _____

Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ NC Driver's License#: _____

Driver's License Class: *circle one* A B C Expiration Date: _____

Home Phone (_____) _____ - _____ Work Phone (_____) _____ - _____

Mobile Phone (_____) _____ - _____ Email Address _____

Marital Status: _____

Spouse's Name: _____
Last First Middle

Children's Names: _____
Last First Middle

Children's Names: _____
Last First Middle

Children's Names: _____
Last First Middle

Children's Names: _____
Last First Middle

Employer: _____

Address: _____

Position: _____ Type Hours Worked: _____

Able to Respond During Work Hours: *circle one* Yes No

Any Court Violations Past 5 Years Including Traffic Violations:

Previous Firefighting Experience: *circle one* Yes No
If Yes List Departments and Years:

Previous Certifications with Dates:

Any Health Problems: _____

Have you ever been or currently on disability: *circle one* Yes No
If Yes Explain:

Notify in Case of Emergency:

Phone Number: (_____) _____ - _____

All the information I provided is correct to the best of my knowledge. Churchland Volunteer Fire Department has my permission to complete a background check, driving record, and drug screening at their discretion.

Signature: _____ Date: _____



Official Use Only:

Date Accepted for 90 Day Probation: _____

Date Accepted as Full Member: _____

Date Denied as Full Member: _____

Personnel Number Issued: _____

Officer's Signature: _____